

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 508

Department of Health &  
Human Services

Center for Medicare and &  
Medicaid Services

Date: MARCH 18, 2005

Change Request 3756

**SUBJECT: April 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes**

**I. SUMMARY OF CHANGES:** This Recurring Update Notification describes changes to the OPPS to be implemented in the April 2005 OPPS update. The April 2005 OPPS Outpatient Code Editor (OCE) and OPPS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this notification. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after April 1, 2005. This notification further describes changes to, and billing instructions for, various payment policies to be implemented in the April 2005 OPPS update.

**NEW/REVISED MATERIAL :**

**EFFECTIVE DATE : April 01, 2005**

**IMPLEMENTATION DATE : April 04, 2005**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R/N/D	Chapter/Section/SubSection/Title
N/A	

**III. FUNDING:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

**IV. ATTACHMENTS:**

## **Recurring Notification Form**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 508	Date: March 18, 2005	Change Request 3756
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**SUBJECT: April 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes**

## I. GENERAL INFORMATION

**A. Background:** This Recurring Update Notification describes changes to the OPPS to be implemented in the April 2005 OPPS update. The April 2005 OPPS Outpatient Code Editor (OCE) and OPPS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this notification. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after April 1, 2005. This notification further describes changes to, and billing instructions for, various payment policies to be implemented in the April 2005 OPPS update.

## B. Policy:

### 1. New Status Indicator “M”

New Status Indicator “M” was created for services that are not billable to the fiscal intermediary and not payable under the OPPS. Refer to Attachment A for codes reportable with status indicator “M”.

### 2. New Services

The following new services are assigned for payment under the OPPS:

HCPCS	Effective Date	SI	APC	Short Descriptor	Long Descriptor	Payment	Minimum Adjusted Copayment
C9723	04/01/05	S	1502	Dyn IR Perf Img	Dynamic infrared blood perfusion imaging (DIRI)	\$75.00	\$15.00
C9724	04/01/05	T	0422	EPS gast cardia plic	Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy	\$1264.79	\$252.96

### 3. Clarification of Brachytherapy Source Descriptors

We announced three new brachytherapy sources effective January 1, 2005, in the final rule dated November 15, 2004 and in Transmittal 423, dated January 6, 2005. Two of the brachytherapy source long descriptors, i.e., for C2634 and C2635, are incorrect in Transmittal 423. The correct descriptors are found in Table 40 of the November 15, 2004 final rule (42CFR65841). To clarify, we are restating the correct long descriptors for C2634 and C2635, as follows:

**C2634** - Brachytherapy Source, High Activity, Iodine-125, greater than 1.01 Mci (NIST), per source

**C2635** - Brachytherapy Source, High Activity, Paladium-103, greater than 2.2 Mci (NIST), per source

All other information for these 2 sources found in Transmittal 423 is correct and remains the same.

### 4. Drugs and Biologicals

#### a. Drugs with Payments Based on Average Sales Price (ASP) Effective April 1, 2005

The table below lists the drugs and biologicals whose payments under the OPSS will be established in accordance with the ASP methodology that is used to calculate payment for drugs and biologicals in the physician office setting. In the 2005 OPSS final rule (69 FR 65777), it was stated that payments for drugs and biologicals based on ASP will be updated on a quarterly basis as later quarter ASP submissions become available. In cases where adjustments to payment rates are necessary, we will incorporate changes to the payment rates in an appropriate quarterly release of the OPSS PRICER and we will not be publishing the updated payment rates in the program instructions implementing the associated quarterly update of the OPSS. However, the updated payment rates can be found in the April update of OPSS Addendum A and Addendum B on the CMS Web site.

Single-indication orphan drugs payable under OPSS are also listed below. The methodology used to establish payment rates for these drugs is discussed in the 2005 OPSS final rule (69 FR 65807).

<b>HCPCS</b>	<b>APC</b>	<b>Long Description</b>
C9123	9123	Human fibroblast derived temporary skin substitute, per 247 square centimeters
C9127	9127	Injection, paclitaxel protein-bound particles, per 1 mg
C9128	9128	Injection, pegaptamib sodium, per 0.3 mg
C9203	9203	Injection, Perflexane lipid microspheres, per single use vial
C9205	9205	Injection, Oxaliplatin, per 5 mg
C9206	9206	Collagen-glycosaminoglycan bilayer matrix, per cm <sup>2</sup>

<b>HCP</b>	<b>APC</b>	<b>Long Description</b>
C9211	9211	Injection, Alefacept, for intravenous use per 7.5 mg
C9212	9212	Injection , Alefacept, for intramuscular use per 7.5 mg
C9218	9218	Injection, azacitidine, 1 mg
C9220	9220	Sodium hyaluronate per 30 mg dose, for intra-articular injection
C9221	9221	Acellular dermal tissue matrix, per 16cm2
C9222	9222	Decellularized soft tissue scaffold, per 1 cc
J0128	9216	Abarelix for injectable suspension, per 10 mg
J0135	1083	Injection, adalimumab, 20 mg
J0180	9208	Injection, IV, Agalsidase beta, per 1 mg
J0205	0900	Injection, Alglucerase, per 10 units
J0256	0901	Alpha 1 proteinase inhibitor-human, 10 mg
J0595	0703	Injection, Butorphanol tartrate 1 mg
J0878	9124	Injection, daptomycin per 1 mg
J1457	1085	Injection, gallium nitrate, 1 mg
J1785	0916	Injection imiglucerase, per unit
J1931	9209	Injection, laronidase, 0.1 mg
J2185	0729	Injection, meropenem, 100 mg
J2280	1046	Injection, moxifloxacin 100 mg
J2355	7011	Oprelvekin injection, 5 mg
J2357	9300	Injection, omalizumab, per 5 mg
J2469	9210	Injection, palonosetron HCl, 25 mcg
J2783	0738	Injection, rasburicase, 0.5 mg
J2794	9125	Injection, risperidone, long acting, 0.5 mg
J3240	9108	Injection Thyrotropin Alpha , 0.9 mg, provided in 1.1 mg vial
J3411	1049	Injection, Thiamine HCL 100 mg
J3415	1050	Injection, Pyridoxine HCL 100 mg
J3465	1052	Injection, voriconazole, 10 mg
J3486	9204	Injection, Ziprasidone mesylate, per 10 mg
J7308	7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354mg)
J7513	1612	Daclizumab, parenteral, 25 mg
J7518	9219	Mycophenolic acid, oral, per 180 mg
J7674	0867	Methacholine chloride administered as inhalation solution through a nebulizer, per 1mg
J9010	9110	Alemtuzumab, 10 mg

<b>HCPCS</b>	<b>APC</b>	<b>Long Description</b>
J9015	0807	Aldesleukin, per single use vial
J9017	9012	Arsenic trioxide, 1 mg
J9035	9214	Injection, Bevacizumab, per 10 mg
J9041	9207	Injection, Bortezomib, 0.1 mg
J9055	9215	Injection, Cetuximab, per 10 mg
J9160	1084	Denileukin diftitox, 300 mcg
J9216	838	Interferon gamma 1-b, 3 million units
J9300	9004	Gemtuzumab ozogamicin, 5 mg
J9305	9213	Injection, Pemetrexed, per 10 mg
Q2019	1615	Injection, Basiliximab, 20 mg
Q4075	1062	Injection, Acyclovir, 5 mg
Q4076	1070	Injection, Dopamine HCL, 40 mg
Q4077	1082	Injection, Treprostinil, 1 mg
Q4079	9126	Injection, Natalizumab, per 1 mg

**b. Updated Payment Rates for Certain Drugs, Biologicals, and Services Effective January 1, 2005 Through March 31, 2005**

The payment rates for the drugs, biologicals, and services listed below were incorrect in the January 2005 OPPS PRICER. The corrected payment rates will be installed in the April 2005 OPPS PRICER, effective for services furnished on January 1, 2005 through March 31, 2005. Refer to the CMS Web site for these payment rates.

<b>HCP</b>	<b>PCS</b>	<b>APC</b>	<b>Long Description</b>
C9126		9126	Injection, Natalizumab, per 5 mg
C9222		9222	Decellularized soft tissue scaffold, per 1 cc
J0135		1083	Injection, Adalimumab, 20 mg
J0595		0703	Injection, Butorphanol tartrate 1 mg
J0256		0901	Injection, Alpha 1-Proteinase Inhibitor - Human 10 mg
J0205		0900	Injection, Alglucerase per 10 units
J1785		0916	Injection, Imiglucerase, per unit
J2355		7011	Injection, Oprelvekin, 5 mg
J3240		9108	Injection, Thyrotropin alpha, 0.9 mg
J7513		1612	Daclizumab, parenteral, 25 mg
J9015		0807	Aldesleukin, per single use vial
J9160		1084	Denileukin diftitox, 300 mcg
J9216		0838	Interferon gamma-1B, 3 million units
J9300		9004	Gemtuzumab ozogamicin, 5 mg
J9017		9012	Arsenic trioxide, 1 mg (Trisenox)
J9010		9110	Alemtuzumab, 10 mg
Q2019		1615	Injection, Basiliximab, 20mg
C9218		9218	Injection, azacitidine, 1 mg
43257*		0422*	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43228*		0422*	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43830*		0422*	Gastrostomy, open; without construction of gastric tube (eg, stamm procedure) (separate procedure)
0008T*		0422*	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with suturing of the esophagogastric junction
C9724*		0422*	Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy

\* Payment rate change will be reflected in the July 2005 OPPS OCE update

**b. New HCPCS Codes for Intravenous Immune Globulin (IVIG)**

Effective April 1, 2005, the following codes are being added to the Healthcare Common Procedure Coding System (HCPCS) to appropriately distinguish between the lyophilized and non-lyophilized form of IVIG:

<b>HCPCS</b>	<b>SI</b>	<b>APC</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>
Q9941	K	0869	IVIG lyophil 1g	Injection, Immune Globulin, Intravenous, Lyophilized, 1g
Q9942	K	0870	IVIG lyophil 10 mg	Injection, Immune Globulin, Intravenous, Lyophilized, 10 mg
Q9943	K	0871	IVIG non-lyophil 1g	Injection, Immune Globulin, Intravenous, Non-Lyophilized, 1 mg
Q9944	K	0872	IVIG non-lyophil 10 mg	Injection, Immune Globulin, Intravenous, Lyophilized, 10 mg

Effective for dates of service on or after April 1, 2005, codes J1563 and J1564 will no longer be paid by Medicare; therefore, the status indicator for these codes will be changed to “E”. These codes will be replaced with HCPCS codes Q9941 – Q9944 effective April 1, 2005. HCPCS code J1563 has been replaced with Q9941 and Q9943 and J1564 has been replaced with Q9942 and Q9944. OPPS payment for the new Q-codes can be found in the April update of OPPS Addendum A and Addendum B on the CMS Web site.

**c. Billing and Payment for Nesiritide, J2324**

Effective January 1, 2005, we are correcting the payment rate for J2324, Injection, Nesiritide, 0.25 mg.

<b>HCPCS</b>	<b>SI</b>	<b>APC</b>	<b>Long Descriptor</b>	<b>Payment Rate</b>	<b>Minimum Unadjusted Copayment</b>
J2324	K	9114	Injection, Nesiritide, 0.25 mg	\$66.23	\$13.25

**d. Misclassified Drug: Billing and Payment for Vinorelbine Tartrate, Generic versus Brand Name Form**

In the 2005 OPPS final rule, we inadvertently misclassified Vinorelbine Tartrate as a sole source product. Effective January 1, 2005, Vinorelbine Tartrate is reclassified as a multi-source product and is implemented with both a generic and brand name HCPCS code and payment amount. Hospitals should note that the brand name form of Vinorelbine tartrate should be reported with a new HCPCS code, C9440, which is being created effective January 1, 2005. The two HCPCS codes listed in the table below are required under the MMA to enable us to differentiate between the payment amounts for an innovator multiple-source (brand name) drug and its non-innovator multiple-source (generic) form.



<b>HCPCS</b>	<b>SI</b>	<b>APC</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>	<b>Payment Rate</b>	<b>Minimum Unadjusted Copayment</b>	<b>Effective Date</b>
J9390	K	0855	Vinorelbine tartrate/10 mg	Vinorelbine Tartrate, per 10 mg	\$52.78	\$10.56	01/01/05
C9440	K	9440	Vinorelbine tar,brand	Vinorelbine Tartrate, brand, per 10 mg	\$74.84	\$14.97	01/01/05

**e. New HCPCS code for Injection, Natalizumab**

Hospitals are to report new HCPCS code Q4079, Injection, Natalizumab, 1 mg instead of C9126, Injection, Natalizumab, 5 mg, when billing for natalizumab furnished on or after April 1, 2005. Q4079 will be assigned to status indicator G beginning April 1, 2005.

**f. New HCPCS Code for Adenosine Injection**

Effective for services furnished on or after April 1, 2005, hospitals should use HCPCS C9223, Injection, adenosine for therapeutic or diagnostic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270) instead of HCPCS codes J0150, Injection, adenosine, for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270) and J0152, Injection, adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds, instead use A9270). Effective April 2005, J0150 and J0152 will be assigned to status indicator "B".

**g. Payment for Drugs and Biologicals Recently Approved by the FDA**

Transmittal 188 (CR 3287), the Medicare Claims Processing Manual, Pub. 100-04, issued May 28, 2004, explains how hospitals may report new drugs and biologicals after Food and Drug Administration (FDA) approval but before assignment of product-specific HCPCS codes. The MMA requires, beginning in 2004, that payment for new drugs and biologicals after FDA approval but before assignment of product-specific HCPCS codes be equal to 95 percent of Average Wholesale Price. We are assigning the following product-specific HCPCS code for billing of two drugs that were approved by the FDA on December 17, 2004 and January 7, 2005, respectively.

<b>HCPCS</b>	<b>SI</b>	<b>APC</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>	<b>Payment Rate</b>	<b>Minimum Unadjusted Copayment</b>	<b>Effective Date</b>
C9127	K	9127	Paclitaxel protein pr	Injection, Paclitaxel Protein Bound Particles, per 1 mg	\$8.44	\$1.69	01/07/05
C9128	K	9128	Inj pegaptamib sodium	Injection, Pegaptiamib Sodium, per 0.3 mg	\$1,054.70	\$210.94	12/17/04

For claims submitted prior to successful implementation of the April 2005 OPPS OCE, hospitals may bill for these drugs using HCPCS code C9399, Unclassified Drug or Biological, in accordance with CR 3287. For claims submitted on or after implementation of the April 2005 OPPS OCE, hospitals should bill for these drugs using their respective product-specific HCPCS codes.

## **5. Billing for Venipuncture, Discontinued Code**

Effective for services furnished on or after January 1, 2005, HCPCS code G0001, Routine venipuncture for collection of specimen, is deleted from the OPPS OCE and discontinued from the HCPCS file. Hospitals paid under the OPPS (12x, 13x and 14x bill types) should report HCPCS codes 36415, Collection of venous blood by venipuncture and 36416, Collection of capillary blood specimen (eg, finger, heel, ear stick).

## **6. Billing for Contrast Agents**

Hospitals paid under the OPPS should continue reporting contrast agents, as follows:

- A4643, Supply of additional high dose contrast material(s) during magnetic resonance imaging, e.g., gadoteridol injection;
- A4644, Supply of low osmolar contrast material (100-199 mgs of iodine);
- A4645, Supply of low osmolar contrast material (200-299 mgs of iodine);
- A4646, Supply of low osmolar contrast material (300-399 mgs of iodine);
- A4647, Supply of paramagnetic contrast material, e.g., gadolinium;
- C9202, Injection, suspension of microspheres of human serum albumin with octafluoropropane, per 3 ml
- C9203, Injection, perflubron lipid microspheres, per 10 ml vial;
- C9112, Injection, perflubron lipid microsphere, per 2 ml vial

## **7. Reactivation of OPPS Modifier 27**

Modifier -27 was erroneously deleted from the OPPS OCE software effective January 1, 2005. As a result, claims containing modifier -27 will be returned to the provider for services furnished on or after 01/01/2005 through 03/31/2005. The April OCE release will reactivate modifier -27 effective 01/01/05. In the interim, for claims with dates of service 01/01/05 through 03/31/05, where the provider furnishes additional services that would be reported on the same claim as services related to modifier -27, the provider may wish to remove the charge for the services related to modifier -27 in order to receive payment for the remaining services. In this situation, the provider would submit an adjustment bill in April 2005 upon successful implementation of the OPPS OCE release to receive payment for the services related to modifier -27.

## **8. Update to Cost-to-Charge ratio (CCR) Threshold**

Transmittal A-03-004 (CR 2197) issued January 17, 2003, instructed fiscal intermediaries to use the statewide default CCR if the calculated CCR was above 1.604. Since CCR threshold has changed, refer to Section II for the updated instruction. The statewide default CCRs were updated in

the OPPS 2005 Final Rule, published on November 15, 2004.

## **9. Changes in Billing for Observation Services (APC 0339)**

In the transmittal 423 (CR3632), the Medicare Claims Processing Manual, Pub. 100-04, issued January 6, 2005, we summarized several policy changes related to separate payment of APC 0339 for observation services provided in the hospital outpatient department. The changes are effective for services provided on or after January 1, 2005. We neglected to include as one of the changes the elimination of requirements for specific diagnostic testing. In this CR, we are restating changes in the transmittal 423 and adding section 9.a to include the elimination of requirements for specific diagnostic testing.

**a.** The current requirements for specific diagnostic testing are removed. The following tests are no longer required to receive payment for APC 0339 (Observation) effective for services provided on or after January 1, 2005:

- For congestive heart failure, a chest x-ray (71010, 71020, 71030), and electrocardiogram (93005) and pulse oximetry (94760, 94761, 94762)
- For asthma, a breathing capacity test (94010) or pulse oximetry (94760, 94761, 94762)
- For chest pain, two sets of cardiac enzyme tests; either two CPK (82550, 82552, 82553) or two troponins (84484, 84512) and two sequential electrocardiograms (93005)

**b.** The descriptor for HCPCS code G0244 is changed to read: Observation care provided by a facility to a patient with CHF, chest pain or asthma, minimum 8 hours. The new descriptor clarifies that separate payment will be made for observation services only when a minimum of 8 hours of care have been provided to the beneficiary. Hospitals should report the number of hours the outpatient is in observation status.

**c.** In order to receive separate payment for HCPCS code G0244, hospitals are required to report a qualifying ICD-9-CM diagnosis code for CHF, chest pain or asthma as either the Admitting Diagnosis/Reason for Patient Visit or Principal Diagnosis. The list of ICD-9-CM codes is published in the 2005 OPPS final rule. The code must be reported in the Admitting Diagnosis/Reason for Patient Visit field (form locator 76 or its electronic equivalent) or the Principal Diagnosis field (form locator 67 or its electronic equivalent) to qualify for separate payment for observation services.

**d.** Observation time begins at the clock time documented in the patient's medical record, which coincides with the time the patient is placed in a bed for the purpose of initiating observation care in accordance with a physician's order.

**e.** The ending time for observation occurs either when the patient is discharged from the hospital or is admitted as an inpatient. The time when a patient is "discharged" from observation status is the clock time when all clinical or medical interventions have been completed, including any necessary follow-up care furnished by hospital staff and physicians that may take place after a physician has ordered that the patient be released or admitted as an inpatient. However, observation care does not include time spent by the patient in the hospital subsequent to the conclusion of therapeutic, clinical, or medical interventions, such as time spent waiting for transportation to go home.

## 10. Coverage Determinations

The fact that a drug, device, procedure, or service is assigned an HCPCS code and a payment rate under the OPSS does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Fiscal intermediaries determine whether a drug, device, procedure, or service meets all program requirements for coverage, for example, that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

## 11. Attachment: Summary of April 2005 Data Changes

Attachment A is the OPSS OCE Summary of Data Changes, effective April 1, 2005. This document summarizes all of the modifications made to APCs, HCPCS and CPT procedure codes, APC assignments, status indicators, modifiers, revenue codes, and edits to update the OPSS OCE for the April 1, 2005 quarterly release.

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3756.1	The Shared System Maintainer (SSM) shall install the OPPS PRICER for April 2005.					X				
3756.2	Fiscal intermediaries (FIs) shall mass adjust payment for claims with HCPCS codes listed in Section I.B.4.b. of this CR, that were (1) incorrectly paid for services furnished on or after January 1, 2005 through March 31, 2005; and (2) processed prior to installation of the April 2005 OPPS PRICER.	X								
3756.3	FIs shall return to providers claims for IVIG services billed with J1563 and J1564 that are submitted after the installation of the April 2005 OPPS OCE. J1563 is replaced with Q9941 and Q9943 and J1564 is replaced with Q9942 and Q9944. These O- codes shall be	X								

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	reported to Medicare from April 1, 2005 through December 31, 2005. (Note: Q-codes will be deleted December 31, 2005 and replaced with new J-codes effective January 1, 2006.)									
3756.4	FIs shall mass adjust payment for claims with J2324 that were (1) incorrectly paid for services furnished on or after January 1, 2005 through March 31, 2005; and (2) processed prior to installment of the April 2005 OPPS PRICER.	X								
3756.5	FIs shall return to providers claims for natalizumab billed with C9126 that are submitted after the installation of the April 2005 OPPS OCE.	X								
3756.6	FIs shall return to providers claims for adenosine billed with J0150 and J0152 that are submitted after the installation of the April 2005 OPPS OCE.	X								
3756.7	FIs shall return to providers claims for Injection, Paclitaxel Protein Bound Particles, per 1 mg and Injection, Pegaptiamib Sodium, per 0.3 mg billed with C9399 that are submitted after installation of the April 2005 OPPS OCE.	X								
3756.8	Effective with cost reporting periods ending September 30, 2005 or later, FIs are instructed to use the statewide default CCR if the calculated CCR is above 1.2. If the calculated CCR is greater than 1.2, enter the applicable statewide average urban or rural hospital default ratio that you currently use to determine CCRs for new providers in the provider’s outpatient provider specific file. The statewide default CCRs were updated in the OPPS 2005 Final	X								

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	Rule, published on November 15, 2004.									

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3756.9	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. N/A

<b>X-Ref Requirement #</b>	<b>Instructions</b>

**B. Design Considerations: N/A**

<b>X-Ref Requirement #</b>	<b>Recommendation for Medicare System Requirements</b>

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<b>Effective Date*:</b> April 1, 2005 <b>Implementation Date:</b> April 4, 2005 <b>Pre-Implementation Contact(s):</b> Marina Kushnirova, <a href="mailto:MKushnirova@cms.hhs.gov">MKushnirova@cms.hhs.gov</a> ; Cindy Yen, <a href="mailto:CYen@cms.hhs.gov">CYen@cms.hhs.gov</a> <b>Post-Implementation Contact(s):</b> Regional office	<b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.</b>
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**\*Unless otherwise specified, the effective date is the date of service.**

Attachment

**Attachment A**  
**OPPS OCE Summary of Data Changes**  
**OCE/APC v6.1**  
**Effective April 1, 2005**



# Table of Contents

(Rev. 508, 03-18-05)

CPT codes, descriptions, and material only are Copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

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## DEFINITIONS

- A blank in a field indicates ‘no change’
- The “old” column describes the attribute prior to the change being made in the current update, which is indicated in the “new” column. If the effective date of the change is the same as the effective date of the new update, ‘old’ describes the attribute up to the last day of the previous quarter. If the effective date is retroactive, then ‘old’ describes the attribute for the same date in the previous release of the software.
- “Unassigned”, “Pre-defined” or “Placeholder” in APC or HCPCS descriptions indicates that the APC or HCPCS code is inactive. When the APC or HCPCS code is activated, it becomes valid for use in the OCE, and a new description appears in the “new description” column, with the appropriate effective date.
- Activation Date (ActivDate) indicates the mid-quarter date of FDA approval for a drug, or the mid-quarter date of a new or changed code resulting from a National Coverage Determination (NCD). The Activation Date is the date the code becomes valid for use in the OCE. If the Activation Date is blank, then the effective date takes precedence.
- Termination Date (TermDate) indicates the mid-quarter date when a code or change becomes inactive. A code is not valid for use in the OCE after its termination date.

## APC CHANGES

### Added APCs

The following Apc(s) were reactivated, effective 01-01-05

APC	APCDesc	StatusIndicator
9127	Paclitaxel protein pr	K
9128	Inj pegaptamib sodium	K

The following Apc(s) were added to the OCE/APC, effective 01-01-05

APC	APCDesc	StatusIndicator
9440	Vinorelbine tar,brand	K

The following Apc(s) were added to the OCE/APC, effective 04-01-05

APC	APCDesc	StatusIndicator
868	Oral aprepitant	G
869	IVIG lyophil 1G	K
870	IVIG lyophil 10 MG	K
871	IVIG non-lyophil 1G	K
872	IVIG non-lyophil 10 MG	K
9223	Inj adenosine, tx dx	K

### Deleted APCs

The following Apc(s) were deleted from the OCE/APC, effective 01-01-04

APC	APCDesc	StatusIndicator
9408	FDG, per dose, brand	K

The following Apc(s) were deleted from the OCE/APC, effective 04-01-05

APC	APCDesc	StatusIndicator
379	Injection adenosine 6 MG	K
905	Immune globulin	K
917	Adenosine injection	K
9021	Immune globulin	K

### APC Description Changes

The following Apc(s) had description changes, effective 01-01-04

APC	Old Description	New Description
37	Level III Needle Biopsy/Aspiration Except Bone Marrow	Level IV Needle Biopsy/Aspiration Except Bone Marrow

## **APC Status Indicator Changes**

The following Apc(s) had Status Indicator changes, **effective 01-01-05**

APC	Old SI	New SI
9218	G	K

The following Apc(s) had Status Indicator changes, **effective 04-01-05**

APC	Old SI	New SI
9126	K	G

## **HCPSCS/CPT PROCEDURE CODE CHANGES**

### **Added HCPSCS/CPT Procedure Codes**

The following new HCPSCS/CPT code(s) were added to the OCE/APC, **effective 10-01-04**

HCPSCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
S0109	Methadone oral 5mg	E	0	28		
S0166	Inj olanzapine 2.5mg	E	0	28		
S0167	Inj apomorphine HCl 1mg	E	0	28		
S0168	Inj azacitidine 100mg	E	0	28		
S0515	Scleral lens liquid bandage	E	0	28		
S2215	UGI endoscopy inj implant	E	0	28		
S8093	CT angiography coronary	E	0	28		
S9097	Home visit wound care	E	0	28		

The following new HCPSCS/CPT code(s) were reactivated, **effective 01-01-05**

HCPSCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9127	Paclitaxel protein pr	K	9127		20050107	
C9128	Inj pegaptamib sodium	K	9128		20041217	

The following new HCPSCS/CPT code(s) were added to the OCE/APC, **effective 01-01-05**

HCPSCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9440	Vinorelbine tar,brand	K	9440			
G0235	PET not otherwise specified	E	0	9		
G0369	Pharm fee 1st month transpla	M	0	72		
G0370	Pharmacy fee oral cancer etc	M	0	72		
G0371	Pharm dispense inhalation 30	M	0	72		
G0374	Pharm dispense inhalation 90	M	0	72		
G9021	Chemo assess nausea vomit L1	M	0	72		
G9022	Chemo assess nausea vomit L2	M	0	72		
G9023	Chemo assess nausea vomit L3	M	0	72		
G9024	Chemo assess nausea vomit L4	M	0	72		
G9025	Chemo assessment pain level1	M	0	72		
G9026	Chemo assessment pain level2	M	0	72		
G9027	Chemo assessment pain level3	M	0	72		
G9028	Chemo assessment pain level4	M	0	72		

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G9029	Chemo assess for fatigue L1	M	0	72		
G9030	Chemo assess for fatigue L2	M	0	72		
G9031	Chemo assess for fatigue L3	M	0	72		
G9032	Chemo assess for fatigue L4	M	0	72		
K0670	Stance phase only	A	0			
K0671	Portable oxygen concentrator	Y	0	61		
S0142	Colistimethate inh sol mg	E	0	28		
S0143	Aztreonam inh sol gram	E	0	28		
S0197	Prenatal vitamins 30 day	E	0	28		
S0595	New lenses in pts old frame	E	0	28		
S0625	Digital screening retinal	E	0	28		
S3005	Eval self-assess depression	E	0	28		
S8434	Interim splint upper extrem	E	0	28		
S8940	Hippotherapy per session	E	0	28		

The following new HCPCS/CPT code(s) were added to the OCE/APC, **effective 04-01-05**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9223	Inj adenosine, tx dx	K	9223			
C9723	Dyn IR Perf Img	S	1502			
C9724	EPS gast cardia plic	T	422			
G9041	Low vision serv occupational	A	0			
G9042	Low vision orient/mobility	A	0			
G9043	Low vision rehab therapist	A	0			
G9044	Low vision rehab teacher	A	0			
Q4079	Injection, natalizumab	G	9126			
Q9941	IVIG lyophil 1G	K	869			
Q9942	IVIG lyophil 10 MG	K	870			
Q9943	IVIG non-lyophil 1G	K	871			
Q9944	IVIG non-lyophil 10 MG	K	872			
Q9945	LOCM <=149 mg/ml iodine, 1ml	B	0	62		
Q9946	LOCM 150-199mg/ml iodine, 1ml	B	0	62		
Q9947	LOCM 200-249mg/ml iodine, 1ml	B	0	62		
Q9948	LOCM 250-299mg/ml iodine, 1ml	B	0	62		
Q9949	LOCM 300-349mg/ml iodine, 1ml	B	0	62		
Q9950	LOCM 350-399mg/ml iodine, 1ml	B	0	62		
Q9951	LOCM >= 400 mg/ml iodine, 1ml	B	0	62		
Q9952	Inj Gad-base MR contrast, ml	B	0	62		
Q9953	Inj Fe-based MR contrast, ml	B	0	62		
Q9954	Oral MR contrast, 100 ml	B	0	62		
Q9955	Inj perflhexane lip micros, ml	B	0	62		
Q9956	Inj octafluoropropane mic, ml	B	0	62		
Q9957	Inj perflutren lip micros, ml	B	0	62		

## **Deleted HCPCS/CPT Procedure Codes**

The following HCPCS/CPT code(s) were deleted from the OCE/APC, **effective 01-01-04**

HCPCS	CodeDesc	StatusIndicator	APC
C9408	FDG, per dose, brand	K	9408

The following HCPCS/CPT code(s) were deleted from the OCE/APC, effective 10-01-04

HCPCS	CodeDesc	StatusIndicator	APC
G0330	PET image initial dx cervcal	S	1516
G0331	PET image restage ovarian ca	S	1516
S2370	Intradiscal electrothermal	E	0
S2371	Each additional interspace	E	0

The following HCPCS/CPT code(s) were deleted from the OCE/APC, effective 01-01-05

HCPCS	CodeDesc	StatusIndicator	APC
A4534	Youth size brief each	E	0

The following HCPCS/CPT code(s) were deleted from the OCE/APC, effective 04-01-05

HCPCS	CodeDesc	StatusIndicator	APC
G0030	PET imaging prev PET single	S	285
G0031	PET imaging prev PET multiple	S	285
G0032	PET follow SPECT 78464 singl	S	285
G0033	PET follow SPECT 78464 mult	S	285
G0034	PET follow SPECT 76865 singl	S	285
G0035	PET follow SPECT 78465 mult	S	285
G0036	PET follow cornry angio sing	S	285
G0037	PET follow cornry angio mult	S	285
G0038	PET follow myocard perf sing	S	285
G0039	PET follow myocard perf mult	S	285
G0040	PET follow stress echo singl	S	285
G0041	PET follow stress echo mult	S	285
G0042	PET follow ventriculogm sing	S	285
G0043	PET follow ventriculogm mult	S	285
G0044	PET following rest ECG singl	S	285
G0045	PET following rest ECG mult	S	285
G0046	PET follow stress ECG singl	S	285
G0047	PET follow stress ECG mult	S	285
G0125	PET image pulmonary nodule	S	1513
G0210	PET img wholebody dxlung	S	1513
G0211	PET img wholbody init lung	S	1513
G0212	PET img wholebod restag lung	S	1513
G0213	PET img wholbody dx	S	1513
G0214	PET img wholebod init	S	1513
G0215	PETimg wholebod restag	S	1513
G0216	PET img wholebod dx melanoma	S	1513
G0217	PET img wholebod init melan	S	1513
G0218	PET img wholebod restag mela	S	1513
G0220	PET img wholebod dx lymphoma	S	1513
G0221	PET imag wholbod init lympho	S	1513
G0222	PET imag wholbod resta lymph	S	1513
G0223	PET imag wholbod reg dx head	S	1513
G0224	PET imag wholbod reg ini hea	S	1513
G0225	PET whol restag headneckonly	S	1513
G0226	PET img wholbody dx esophagl	S	1513
G0227	PET img wholbod ini esophage	S	1513
G0228	PET img wholbod restg esopha	S	1513
G0229	PET img metaboloc brain pres	S	1513

HCPCS	CodeDesc	StatusIndicator	APC
G0230	PET myocard viability post	S	1513
G0231	PET WhBD colorec; gamma cam	S	1513
G0232	PET whbd lymphoma; gamma cam	S	1513
G0233	PET whbd melanoma; gamma cam	S	1513
G0234	PET WhBD pulm nod; gamma cam	S	1513
G0253	PET image brst dection recur	S	1516
G0254	PET image brst eval to tx	S	1516
G0296	PET imge restag thyrod cance	S	1513
G0336	PET imaging brain alzheimers	S	1516

## **HCPCS Description Changes**

The following code descriptions were changed, **effective 04-01-01**

HCPCS	Old Description	New Description
C1819	Unassigned #355	Tissue local excision

The following code descriptions were changed, **effective 01-01-04**

HCPCS	Old Description	New Description
C1819	Tissue localization-excision dev	Tissue local excision
C9413	Sodium hyaluronate inj, brand	Na hyaluronate bran
C9430	Leuprolide acetate inj, brand	Leuprolide acetate bran
G0314	ESRD related svcs 4+ mo 12-19 y	ESRD Relate svcs 4+mo 12-19

The following code descriptions were changed, **effective 10-01-04**

HCPCS	Old Description	New Description
C9128	Unassigned #351	Inj pegaptamib sodium

## **HCPCS Changes- APC, Status Indicator and/or Edit Assignments**

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-04** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
E0637	Sit-stand w seatlift			Y	E	61	9
L8631	MCP joint repl 2 pc or more			A	N		
L8659	Interphalangeal joint repl			A	N		

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-05** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
78459	Heart muscle imaging (PET)	0	285	B	S	62	N/A
78491	Heart image (pet), single	0	285	E	S	28	N/A
78492	Heart image (pet), multiple	0	285	E	S	28	N/A
78608	Brain imaging (PET)	0	1513	E	S	9	N/A
78609	Brain imaging (PET)	0	1513	E	S	9	N/A
78811	Tumor imaging (pet), limited	0	1513	E	S	13	N/A
78812	Tumor image (pet)/skul-	0	1513	E	S	13	N/A

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
	thigh						
78813	Tumor image (pet) full body	0	1513	E	S	13	N/A
78814	Tumor image pet/ct, limited	0	1514	E	S	13	N/A
78815	Tumorimage pet/ct skul-thigh	0	1514	E	S	13	N/A
78816	Tumor image pet/ct full body	0	1514	E	S	13	N/A
C9218	Injection, azacitidine			G	K		
E0203	Therapeutic lightbox tabletp			A	E	N/A	9
G0345	IV infuse hydration, initial			B	M	62	72
G0346	Each additional infuse hour			B	M	62	72
G0347	IV infusion therapy/diagnost			B	M	62	72
G0348	Each additional hr up to 8hr			B	M	62	72
G0349	Additional sequential infuse			B	M	62	72
G0350	Concurrent infusion			B	M	62	72
G0351	Therapeutic/diagnostic injec			B	M	62	72
G0353	IV push,single or initial dru			B	M	62	72
G0354	Each addition sequential IV			B	M	62	72
G0355	Chemo adminisrate subcut/IM			B	M	62	72
G0356	Hormonal anti-neoplastic			B	M	62	72
G0357	IV push single/initial subst			B	M	62	72
G0358	IV push each additional drug			B	M	62	72
G0359	Chemotherapy IV one hr initi			B	M	62	72
G0360	Each additional hr 1-8 hrs			B	M	62	72
G0361	Prolong chemo infuse>8hrs pu			B	M	62	72
G0362	Each add sequential infusion			B	M	62	72
G0363	Irrigate implanted venous de			B	M	62	72
G0368	EKG interpret & report preve			A	M	N/A	72

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-05** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
36416	Capillary blood draw			E	N	28	N/A
C9126	Injection, natalizumab	9126	0	K	E	N/A	28
J0150	Injection adenosine 6 MG	379	0	K	B	N/A	62
J0152	Adenosine injection	917	0	K	B	N/A	62
J1563	IV immune globulin	905	0	K	E	N/A	28
J1564	Immune globulin 10 mg	9021	0	K	E	N/A	28
J8501	Oral aprepitant	0	868	E	G	50	N/A
Q3001	Brachytherapy Radioelements			N	B	N/A	62

## **Edit Assignments**

The following code(s) were added to edit 67, 68, or 69 **effective 08-01-00**

HCPCS	Edit#	ActivDate	TermDate
G0030	69	20000801	20050129
G0031	69	20000801	20050129



HCPCS	Edit#	ActivDate	TermDate
G0032	69	20000801	20050129
G0033	69	20000801	20050129
G0034	69	20000801	20050129
G0035	69	20000801	20050129
G0036	69	20000801	20050129
G0037	69	20000801	20050129
G0038	69	20000801	20050129
G0039	69	20000801	20050129
G0040	69	20000801	20050129
G0041	69	20000801	20050129
G0042	69	20000801	20050129
G0043	69	20000801	20050129
G0044	69	20000801	20050129
G0045	69	20000801	20050129
G0046	69	20000801	20050129
G0047	69	20000801	20050129
G0125	69	20000801	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 07-01-01**

HCPCS	Edit#	ActivDate	TermDate
G0210	69	20010701	20050129
G0211	69	20010701	20050129
G0212	69	20010701	20050129
G0213	69	20010701	20050129
G0214	69	20010701	20050129
G0215	69	20010701	20050129
G0216	69	20010701	20050129
G0217	69	20010701	20050129
G0218	69	20010701	20050129
G0220	69	20010701	20050129
G0221	69	20010701	20050129
G0222	69	20010701	20050129
G0223	69	20010701	20050129
G0224	69	20010701	20050129
G0225	69	20010701	20050129
G0226	69	20010701	20050129
G0227	69	20010701	20050129
G0228	69	20010701	20050129
G0229	69	20010701	20050129
G0230	69	20010701	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 04-01-02**

HCPCS	Edit#	ActivDate	TermDate
G0231	69	20020401	20050129
G0232	69	20020401	20050129
G0233	69	20020401	20050129
G0234	69	20020401	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 10-01-02**

HCPCS	Edit#	ActivDate	TermDate
G0253	69	20021001	20050129

HCPCS	Edit#	ActivDate	TermDate
G0254	69	20021001	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 10-01-03**

HCPCS	Edit#	ActivDate	TermDate
G0296	69	20031001	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 10-01-04**

HCPCS	Edit#	ActivDate	TermDate
C9128	67	20041217	

The following code(s) were added to edit 67, 68, or 69 **effective 01-01-05**

HCPCS	Edit#	ActivDate	TermDate
78459	68	20050130	
78491	68	20050130	
78492	68	20050130	
78608	68	20050130	
78609	68	20050130	
78811	68	20050130	
78812	68	20050130	
78813	68	20050130	
78814	68	20050130	
78815	68	20050130	
78816	68	20050130	
C9127	67	20050107	
C9128	67	20041217	
G0336	69	20040915	20050129

The following code(s) were added to edit 67, 68, or 69 **effective 04-01-05**

HCPCS	Edit#	ActivDate	TermDate
J8501	68	20050406	

The following code(s) were deleted from edit 67, 68, or 69 **effective 01-01-05**

HCPCS	Edit#	ActivDate	TermDate
G0336	68		

The following code(s) were added to edit 55 "Non Reportable for Site of Service", **effective 01-01-05**

HCPCS	Edit#
C9127	55
C9128	55
C9440	55

The following code(s) were added to edit 55 "Non Reportable for Site of Service", **effective 04-01-05**

HCPCS	Edit#
C9223	55
C9723	55
C9724	55

## **Procedure/ Device Pair Changes**

The following procedure/device code pair requirements were added, **effective 04-01-05**

<b>Code1</b>	<b>Code2</b>
33211	C1779
33211	C1898
33212	C1786
33212	C2620
33216	C1777
33216	C1779
33216	C1895
33216	C1896
33216	C1898
33216	C1899
33217	C1777
33217	C1779
33217	C1895
33217	C1896
33217	C1898
33217	C1899
33224	C1900
33225	C1900
35458	C1725
35458	C1885
35459	C1725
35459	C1885
35460	C1725
35460	C1885
35470	C1725
35470	C1885
35471	C1725
35471	C1885
35472	C1725
35472	C1885
35473	C1725
35473	C1885
35474	C1725
35474	C1885
35475	C1725
35475	C1885
35476	C1725
35476	C1885
36260	C1772
36260	C1891
36260	C2626
36557	C1750
36557	C1751
36557	C1752
36558	C1750
36558	C1751
36558	C1752

Code1	Code2
36563	C1772
36563	C1891
36563	C2626
36570	C1751
36570	C1788
36571	C1751
36571	C1788
36581	C1750
36581	C1751
36581	C1752
36583	C1772
36583	C1891
36583	C2626
36585	C1751
36585	C1788
36640	C1751
43256	C1874
43256	C1875
43256	C1876
43256	C1877
43256	C2617
43256	C2625
44370	C1874
44370	C1875
44370	C1876
44370	C1877
44370	C2617
44370	C2625
44379	C1874
44379	C1875
44379	C1876
44379	C1877
44379	C2617
44379	C2625
44383	C1874
44383	C1875
44383	C1876
44383	C1877
44383	C2617
44383	C2625
44397	C1874
44397	C1875
44397	C1876
44397	C1877
44397	C2617
44397	C2625
45327	C1874
45327	C1875
45327	C1876
45327	C1877
45327	C2617

Code1	Code2
45327	C2625
45345	C1874
45345	C1875
45345	C1876
45345	C1877
45345	C2617
45345	C2625
45387	C1874
45387	C1875
45387	C1876
45387	C1877
45387	C2617
45387	C2625
55873	C2618
61626	C1887
61626	C2628
61885	C1767
61886	C1767
63685	C1767
64590	C1767
92982	C1725
92982	C1885
92984	C1725
92984	C1885
92995	C1714
92995	C1724
92996	C1714
92996	C1724
92997	C1725
92997	C1885
92998	C1725
92998	C1885
93600	C1730
93600	C1731
93600	C1732
93600	C1733
93600	C1766
93600	C1892
93600	C1893
93600	C1894
93600	C2629
93600	C2630
93602	C1730
93602	C1731
93602	C1732
93602	C1733
93602	C1766
93602	C1892
93602	C1893
93602	C1894
93602	C2629

Code1	Code2
93602	C2630
93603	C1730
93603	C1731
93603	C1732
93603	C1733
93603	C1766
93603	C1892
93603	C1893
93603	C1894
93603	C2629
93603	C2630
93609	C1730
93609	C1731
93609	C1733
93609	C2629
93609	C2630
93610	C1730
93610	C1731
93610	C1732
93610	C1733
93610	C1766
93610	C1892
93610	C1893
93610	C1894
93610	C2629
93610	C2630
93612	C1730
93612	C1731
93612	C1732
93612	C1733
93612	C1766
93612	C1892
93612	C1893
93612	C1894
93612	C2629
93612	C2630
93613	C1732
93615	C1730
93615	C1731
93615	C1732
93615	C1733
93615	C1766
93615	C1892
93615	C1893
93615	C1894
93615	C2629
93615	C2630
93616	C1730
93616	C1731
93616	C1732
93616	C1733

<b>Code1</b>	<b>Code2</b>
93616	C1766
93616	C1892
93616	C1893
93616	C1894
93616	C2629
93616	C2630
93618	C1730
93618	C1731
93618	C1732
93618	C1733
93618	C1766
93618	C1892
93618	C1893
93618	C1894
93618	C2629
93618	C2630
93623	C1730
93623	C1731
93623	C1732
93623	C1733
93623	C1766
93623	C1892
93623	C1893
93623	C1894
93623	C2629
93623	C2630
93631	C1730
93631	C1731
93631	C1732
93631	C1733
93631	C1766
93631	C1892
93631	C1893
93631	C1894
93631	C2629
93631	C2630
G0297	C1722
G0297	C1882
G0298	C1721
G0298	C1882
G0299	C1722
G0299	C1882
G0300	C1721
G0300	C1882

## MODIFIERS

### Added Modifiers

The following modifier(s) were reactivated, **effective 10-01-04**

modifier
SS

The following modifier(s) were added to the list of valid modifiers, **effective 01-01-05**

modifier
QR

The following modifier(s) were reactivated, **effective 01-01-05**

modifier
27
GX

### Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 04-01-04**

modifier
CG

## REVENUE CODES

### Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 01-01-03**

RevenueCode	SI
0024	B

The following revenue code(s) were added to the list of valid revenue codes, **effective 04-01-03**

RevenueCode	SI
0658	B

### Deleted Revenue Codes



The following revenue code(s) were deleted from the list of valid revenue codes, **effective 10-01-03**

RevenueCode	SI
0909	B

The following revenue code(s) were deleted from the list of valid revenue codes, **effective 04-01-04**

RevenueCode	SI
0184	B

### **Revenue Code Status Indicator Changes**

The following revenue code(s) had Status Indicator changes, **effective 08-01-00**

RevenueCode	Old SI	New SI
0273	E	N